





|  |
| --- |
| Section 1: About you |
|  |
| **Your details…** |
| Name: |
| Team: |
| Division: |
| Email: |
|  |
| **My fundholder is…** |
| Name: |
| Tel: |
|  |
| **I want help from brighterway to…** |
| Fundraise for my project: **yes/no** |
| Access charitable funds for my project: **yes/no** |
| Both: **yes/no** |
|  |
| **I want to…** |
| Provide a brief outline of my idea: **yes/no** |
| Submit a full application for charitable funds: **yes/no** |

|  |
| --- |
| Section 2: About your idea |
|  |
| **What is the name of your project?** |
| … |
|  |
| **What is the main difference this project will make?** |
| It will improve people’s experience of an existing NHS service: **yes/no** |
| It will improve people’s wellbeing or independence: **yes/no** |
| It will improve people’s ability to manage their health condition: **yes/no** |
| It will help prevent people from getting ill: **yes/no** |
| It will give staff new skills or knowledge to improve quality of care: **yes/no** |
| Other (provide details): |
|  |
| **What area/s will your project cover:** |
| Andover: **yes/no** |
| Basingstoke and surrounds: **yes/no** |
| Eastleigh: **yes/no** |
| Fareham: **yes/no** |
| Gosport: **yes/no** |
| Havant: **yes/no** |
| New Forest: **yes/no** |
| North East Hampshire: **yes/no** |
| Romsey: **yes/no** |
| Southern Parishes: **yes/no** |
| Winchester: **yes/no** |
| Trust-wide: **yes/no** |
|  |
| **Describe your project, and which parts of it you need funding for:** |
| ... |
|  |
| **Why is your project needed, and what will the benefit be to the public?**  *Tell us about the specific challenges your project will address and the impact it will have* |
| ... |
|  |
|  |
| Section 3: The details |
|  |
| **How did you identify the need and this solution?** |
| … |
|  |
| **Who and where are the people who will benefit from your project?** |
| … |
|  |
| **Give the names of the services from which your project will be delivered from:** |
| … |
|  |
| **When will you project start and end?** |
| Start: |
| End: |
|  |
| **Who will be managing the project?** |
| … |
|  |
| **How much will the project cost?** |
|  |
| |  |  |  | | --- | --- | --- | | **Item/activity** | **Full cost** | **Amount you are asking for from charitable funds** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Total:** |  |  | |
|  |
| **If you don’t need charitable funding for the entire project, where is the rest of the funding coming from?** |
| Southern Health core funds: **yes/no** |
| CCG: **yes/no** |
| Another charitable funder: **yes/no** |
| Another non-charitable funder: **yes/no** |
| Other (provide details): |
|  |
| **Will the project continue when the charitable funding comes to an end?** |
| **yes/no** |
|  |
| **If so, how will ongoing costs be funded?** |
| … |
|  |
| **Once you have completed your application, please save**  **locally to your computer and email a copy to**  **charity@southernhealth.nhs.uk**  **If you have any problems completing the application form,**  **please call 023 8087 4670.** |